

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO **10634267**

FILING DATE **080403**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
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23						
24						
25						
26						
27						
28						
29						
30						
31		2				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
51												
52												
53												
54												
55												
56												
57												
58												
59												
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95												
96												
97												
98												
99												
100												
TOTAL IND.	2		←		←		←		←		←	
TOTAL DEP.	57		←		←		←		←		←	
TOTAL CLAIMS	59											